6229-966-5



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JUNE 25, 2002

NEXUS COMMUNICATIONS, INC. 7830 N CENTRAL DR, STE C LEWIS CENTER, OH 43035

RE NEXUS COMMUNICATIONS, INC.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE AUTHORITY ACKNOWLEDGING REGISTRATION.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD

OFFICIAL FILE

I.C.C. DOCKET NO. 02-0402

Phys-LA+ 2Exhibit No. 1

Witness

Date 6 300 Reporter

Springfield, Illinois 62756

Form	В	C	A-	1	3	.1	5

(Rev. Jan. 1999)

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS

This included a Scretary of State

JUN 2 5 2002

JESSE WHITE SECRETARY OF STATE 6229-944-5

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 6-25-02

License Fee

Franchise Tax \$ 25-20 Filing Fee \$ 75.00

Penalties

Approved:

\$ 100.00

1.	(a)	CORPORATE NAME:	NEXUS COMMUN	NICATIONS, IN	VС.				
	(Co	(Complete item 1 (b) only if the corporate name is not available in this state.)							
	(b)	(By electing this assumed	NAME: I name, the corporation hereby a Illinois. Form BCA 4.15 is attac	agrees NOT to use its	corporate name in t	he			
 2.	(a) (b)	State or Country of Incorp	poration: OHO						
	(c)	Period of Duration: 200	9/11/2000 ERESERVER						
3.	(a) フモ	Address of the principal of		Address of principal (if none, so					
		STE C				· · · · · · · · · · · · · · · · · · ·			
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	2	ewis come	12, 0H 43035						
.		and published of the spain	tored analyzed agrictored office	e in Illinois. NATOMETTAN Middle Name	Serrices, Z	₩,			
),.		me and address of the regis Registered Agent _/	tered agent and registered office	Middle Name	SERVICES, Z Lasi PLARA SUN	IC, Name			
I .		me and address of the regis Registered Agent _/	tered agent and registered office First Name / WEST OLD STO	N AND MATTEN Middle Name STE CAPTOC Street	PLAZA SUN	re Bus uite #			
<u> </u>		me and address of the regis Registered Agent _/	tered agent and registered office First Name / WEST OLD STO	N AND MATTEN Middle Name STE CAPTOC Street	PLAZA SUN	re Bus uite #			
1.		me and address of the regis Registered Agent _/	tered agent and registered office	N AND MATTEN Middle Name STE CAPTOC Street	PLAZA SUN SI 6270/	re Bus uite #			
	Nan	me and address of the regis Registered Agent	tered agent and registered office FIXON CEMPC! First Name / WEST DC & STONE Number SPRNG-FIELD	Middle Name Middle Name Street ZIP Cade	PLAZA SUN SI 6270/ CI	e Bus uite # SANGAMO ounty			
	Nan	me and address of the regis Registered Agent Registered Office tes and countries in which i	tered agent and registered office FIRST Name / WEST DLAST Number SPRNGFIELD City	Middle Name Middle Name Street ZIP Cade	PLAZA SUN SI 6270/ CI	E BUS uite # SANGAMO ounty			
4. 5.	Stat Nan	Registered Agent	tered agent and registered office First Name / WEST OLD ST Number SPRING-FIELD City t is admitted or qualified to trans ses of officers and directors: No. & Street KETZ 783: N. CEMTR	Middle Name STE CAPITOL Street TL ZIP Cade act business: (Includ	PLACA SUNSING CONTROLL Expression State State State State STATE OF	E BUS uite # SANGAME ounty on) ZIP 4303 C			
	Nan Stat	Registered Agent	tered agent and registered office First Name / WEST OLD STONE Number SPRING-FIELD City t is admitted or qualified to trans ses of officers and directors: No. & Street KE72 783: N. CEWITZ	Middle Name STE CAPITOL Street TL ZIP Cade act business: (Includ	PLACA SUNSING CONTROLL Expression State State State State STATE OF	E BUS uite # SANGAM ounty on)			

7.	Pur	oose or purposes propos (If not suffic	ed to be pursued in trans ient space to cover this p	acting busines oint, add one o	s in this state: If more sheets of	this size.)	
	20	MPETITUE	LOCAL EXCI	farie .	CARRIET	e (cioc)	
	73	ecephone s	ETENICE PRO	V1067C			
8.	Auth	norized and issued share	:5:	Number o	of Shares	Number of Shares	
	Clas		Par Value	Autho		Issued	
	LON	MON MA	NONE	100		100	
9	Paid	i-in Capital: \$ 80	, <i>ಹಾ</i> ಟ		·		
•	("Pa	id-in Capital" replaces th	e terms Stated Capital &	Paid-in Surplu	s and is equal to	the total of these accoun	ts.)
10.	(a)	Give an estimate of the corporation for the folia	e total value of all the pr wing year:	operty* of the	\$_ <u></u> 36	0,000	
	(b)		e total value of all the proving year that will be located		\$ 10	0,000	
	(c)	State the estimated to transacted by it everyw	otal business of the corp where for the following yea	poration to be ar;	\$_75	20,000	
	(d)	State the estimated ar transacted by it at or f Illinois:	nnual business of the cor rom places of business	poration to be in the State of	\$	0,000	
11.	Inte	rrogatories: (Important –	this section must be com	pleted.)			<u> </u>
**	(a) (b) (c) (d) (e)	Number of shares of all Number of shares of all Is the corporation trans	ch all contracts with the coll classes owned by reside I classes owned by non-nacting business in this state I(d) is yes, state the exact	ents of Illinois: esidents of Illin ate at this time	1015: 100 ? No	CENS	-430 35-
12.			ed by a certified copy of the string proper officer of the s				s. within
13.			has caused this statement				affirms.
		4/2 11.1	2.00		•	HUMMS INC.	
	Date	Manth 8				lame of Corporation)	
	atte	Signature of Sec	cretary or Assistant Secre		(Signature of P	resident or Vice Presider	nt)
			Print Name and Title)	by		Print Name and Title)	
٠		PERTY as used in this a	application shall apply to a	ill property of th	ne corporation, re	al, personal, tangible, inta	angible.

When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees

and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).